

**FILED**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER 4:14CR00187 JAR <b>SEP 28 2016</b>
DEFENDANT Pamela Tabatt, et al.		TYPE OF PROCESS Final Order of <b>U.S. DISTRICT COURT EASTERN DISTRICT OF MO ST. LOUIS</b>
<b>SERVE</b>  <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Approximately \$99,849.34 from First Community Credit Union, Acct. #920301106	
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)	

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285
Asset Forfeiture Office of the United States Attorney 111 South Tenth Street, 20th Floor St. Louis, Missouri 63102		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

DISPOSE ACCORDING TO LAW / 13-DEA-589277

**SEP 26 PM 4:07**

Signature of Attorney or other Originator requesting service on behalf of:  /s/ Jennifer A. Winfield		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 314/539-7740	DATE September 26, 2016
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<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>					
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. <u>1</u>	District of Origin No. <u>44</u>	District to Serve No. <u>44</u>	Signature of Authorized USMS Deputy or Clerk <i>C Rongey</i>	Date <i>9-26-16</i>

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).	
Name and title of individual served (If not shown above).	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)		Date of Service <i>X</i>	Time am pm
		Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Service Fee <i>\$165</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>\$165</i>	Advance Deposits	Amount Owed to US Marshal or <i>\$165</i>	Amount or Refund
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REMARKS:

**\* Asset Disposed According to Law**

\$99,849.34 deposited to AFF 09/27/2016.

PRIOR EDITIONS MAY BE USED	<b>1. CLERK OF THE COURT</b>		FORM USM 285 (Rev. 12/15/80)
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<input checked="" type="checkbox"/> USMS RECORD	<input type="checkbox"/> NOTICE OF SERVICE	<input type="checkbox"/> BILLING STATEMENT	<input type="checkbox"/> ACKNOWLEDGMENT OF RECEIPT
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